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NATIONAL HONORS FOR IMPORTANT DISCOVERIES.

[Communicated for the Boston Med. and Surg. Journal.]

OF the prizes distributed at the annual meeting of the French Academy, three were awarded to eminent men of Great Britain. One of these (the Monthyon prize of the Academy, for discoveries in Medicine and Surgery), says the *London Lancet* for June, was awarded to Prof. Simpson, of Edinburgh, for his discovery and adaptation of the anæsthetic properties of chloroform, adding that this is not the first foreign distinction conferred on Dr. Simpson.

This announcement will be gratefully received by every friend of science. Prof. Simpson's labors and success in the advancement of medical science are known and most generously acknowledged and valued by all who have become acquainted with them. He stands in the foremost rank of substantial, useful contributors to medicine, and in his success he has constant occasion for new effort.

He has been recently honored by a foreign nation through one of its highest, and universally accredited organs. Such distinction is cause for admiration, as well as for congratulation. What higher honor can a nation do itself, than by a manly, generous recognition and acknowledgment of the just claims of the subjects or citizens of another nation, to its highest distinction? France has just done this to Great Britain. An earlier instance, and one not to be forgotten, occurred during the reign of Napoleon I. The Emperor had offered a large reward for a discovery which would subserve some of the highest human interests. This was when the war with England, and the world, was at its height. Sir Humphrey Davy entered the lists for this prize, and sent his paper to the Academy, or Institute, which was to award it. It fell to Sir Humphrey. At once was the prize on its way to England. War for a moment forgot its terrible ministry, and that prize was as safe, as sure of reaching its destination, as it would have been in the reign of universal peace!

But not only are nations deserving our gratitude and reverence,

when they pay public honors to each other for important discoveries in science, but the State in which such discoveries are made claims the same when it honors and rewards its own citizens or subjects who have rendered like services. This brings us home at once. Professor Simpson has been publicly honored for his introduction of chloroform into medical and surgical practice. America, in the discovery of a remedy of pain—a sure and safe preventive of suffering during the gravest surgical operations and most painful diseases—America has done that which the world had failed to do before, and which had been labored for in all ages, and by the most learned men. Here, in our own land, it was demonstrated that the breathing of Pure Sulphuric Ether would without fail prevent pain, and without the least hazard to life. A great principle was thus established, which the adaptation of other similar agents might confirm, but never would replace or *ignore*. The discovery was at once declared to the civilized world, and from the day or the hour of its announcement, it has remained in undisturbed use, and the fullest success. We claim the discovery and establishment of this principle, and practice, as our own. We claim it to be the most important remedial discovery—the qualification is unnecessary—that was ever made. Pain is universal. It occurs every minute of every day. Etherization abolishes it. It does not make it less. It takes it away. The claim here presented has been acknowledged everywhere. In the simplicity of a cause, and in its daily and universal operation, its claims may be lost sight of. But there is something too substantial, too personal, so to speak, to allow etherization ever to be forgotten—its value lost sight of. “What a blessing!” is an exclamation which is borne from the sick room every hour, and every day. Such gratitude has never been awarded to any other agency, as has been everywhere expressed for this. We give a national character to this discovery, because it is a national blessing. If we lose sight for a time of the place or precise spot in which the discovery was made, it is because we would surrender to the nation an honor which in its wide parentage embraces and honors all its children.

What has America done for those who have so distinguished it as a nation by this surpassing discovery? It has thus far done nothing. It has, by its Congress, manfully and generously sought to distinguish and reward the discovery. Congress has entertained the subject in many of its sessions, showing in this how ready it is to do what the nation and the world claim of it, and which claim it so fully recognizes. We feel the embarrassment of Congress in this matter. It knows what foreign nations have done for those who claim to be sole discoverers. But it has found it impossible, so far, in the conflict of claims, to determine to whom to award the honor.

How is this embarrassment to be overcome? Two gentlemen urge their respective claims. One professes to have hinted, suggested, or named a remedy of pain to the other, who asked him if he knew of one. The other tried it, and found it perfectly answered the end for which it was proposed and used! We believe this is as fair a statement of the important issue which has been so long before the government and the nation, as can be made. In such a case as this, the question of *how much* one or the other did, should not for a moment be entertained. The simple fact of any direct agency, in such a discovery, however slight that agency may have been, is all that should be required to substantiate claims to the honor and to the reward of that which has benefited a world. We do not want conflict. We do not want prejudice, ill temper, or party. These poison whatever they touch. A great nation has made a great discovery by its citizens, and asks to award national honors and rewards to those who have been in the slightest degree directly instrumental in making such a discovery. There are but two individuals who claim to have made it. The question is thus reduced to the smallest number. What may, then, be done? *Most respectfully would we suggest that Congress be addressed in a memorial, asking for such an appropriation from the National Treasury, to be awarded equally to the two claimants for the discovery of the anæsthetic properties of Sulphuric Ether, as would show the sense America has of the benefit it has received, and conferred by this discovery upon the world. Should either party object to such an award, let the whole appropriation be given to the other.*

Since the above was written, the writer has read a notice of an admirable paper recently read before the Royal Society of London, on the quantity of air inspired at every five, fifteen, and thirty minutes of the day and night, and under the influence of exercise, food and medicines—on the temperature of the body, &c. &c. The effects of *chloroform*, *chloric ether*, and *amylene*, are distinctly noticed, but not a word is said of SULPHURIC ETHER. In the very same work which has this notice, is an account of a death which has just followed the use of chloroform during an operation at a hospital. The operator says, "Yet notwithstanding, I believe there is only one conclusion to be drawn—viz., that he died from the effects of chloroform." Amylene has still later been used as an anæsthetic, and as many as *four deaths* have directly followed its use. So deeply impressed are European physicians with the disastrous effects of *chloroform*, *chloric ether*, and of the latest and most vaunted anæsthetic agent, amylenes, that it is seriously contemplated to suggest officially that the employment of all of them should be at once abandoned. We would respectfully suggest to Europe that pure sulphuric ether should be excepted from the prohibition.

It will accomplish all that can be looked for from the use of any other anæsthetic, without involving the least danger.

It would seem that the use of Sulphuric Ether is wholly abandoned in Europe. We never hear of its employment there as an anæsthetic. That which was the direct and sole means of one of the most important discoveries in this or any other age—which has been used with entire success in America for about ten years—which is this day used constantly in the Massachusetts General Hospital, in which its employment as an anæsthetic was so thoroughly tested, and from which the report of its discovery spread over the civilized world—which has never been fatal in a single instance, in America or Europe—is now entirely laid aside abroad, and substitutes, the discovery of which was wholly the result of its introduction into medicine in America, have replaced it, all of which in many cases have directly produced death. Chloroform, one of these, killed one man, and on the same day very nearly killed another, in the Mass. Gen. Hospital. Its future use was at once prohibited in that institution, and Pure Sulphuric Ether is now only employed.

It is not easy to explain the course adopted abroad in regard to this subject. Chloroform is indeed cheaper than ether, since a drachm or two will do all, and *more*, than ether in many ounce doses will accomplish. It will do this sooner than ether. Thus there is saving of expense and of time in the substitute, comparatively regarded. But we will not for a moment believe that either of these considerations have led to the use of its substitutes. One life would be too great a price for accommodations like these. It cannot be that because a distant nation has been the discoverer of the crowning glory—the coronation—of modern, or of all science, Europe has lost sight of its value, in dangerous, and not rarely fatal substitutes. It is not forgotten in the place where the great experiment of its worth was made, and satisfactorily demonstrated; and we trust it will never be replaced in America by any substitute which is not proved by questionless evidence to be as safe and as efficient as is itself.

FOREIGN BODY REMOVED FROM THE CHEST.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having been long a constant reader of your excellent Journal, and always instructed more or less by reported cases, I send you one which has been of much interest to myself, and I presume will also be to others. I do not expect to do it full justice, but will endeavor to give a plain statement of the facts, and leave you and your readers to infer the merits of the case if you should think proper to publish it.

The operation was performed by E. S. Cooper, M.D., a young surgeon who has recently come to this coast, on the 11th of April

last. The patient was E. M. Beal, of Tuolumne Co., Cal., who in a frolic tried to burst an old gun, and had the breech-pin blown into his side by the explosion, about the 15th of January. On the 9th of April following, he was brought to this city, considered by his friends nearly dead, and put under the care of Dr. C. During the intervening period he had suffered much from distressing pains in the chest and difficulty of breathing. Sometimes more than a pint of purulent matter had escaped from the place of opening or entrance of the pin, in twenty-four hours. Cough and night sweats had reduced him almost to a skeleton. The foreign body having entered the side midway between the vertebral column and the sternum, fractured the sixth rib, apparently from below upward, and caused an extensive laceration of the soft parts. A fistulous opening communicated with the inside of the chest, through which the purulent matter was discharged. The character of the wound, and the symptoms attending, gave satisfactory evidence that the foreign body had entered the chest, and was still remaining; and as a speedy death was inevitable, without its removal, the patient was anxious to have the operation performed, though made aware that on account of his weakened state he might die under the knife.

The patient being placed on the right side, and the shoulders slightly elevated, an incision four and a half inches long was made, commencing in the axilla and passing down into the fistulous opening, midway between the sternum and vertebral column. A transverse incision, two and a half inches long, was made, commencing near the middle of the first. The soft parts having been divided by these incisions, were then reflected so as to expose the ribs at the place of entrance of the foreign body, which, it was found, had fractured the sixth rib in its course. The probe was now used, and a careful search made for the foreign substance, but without effect. The transverse incision was then lengthened to four and a half inches, and the soft parts removed, until the fifth, sixth and seventh ribs were exposed. The ligature or torsion was applied to two or three intercostal arteries. Entire portions of these ribs were removed, after which the probe was again used perseveringly, but without discovering any clue to the place of the iron, though introduced four inches in different directions. Nearly a pint of dark-colored fluid, mixed with coagulated blood, escaped after the excision of the ribs. Chloroform had not been previously administered, owing to an expected collapse of the left lung, when the chest was opened, though a very small quantity was now given. The opening through the bony structure was now enlarged, so that the surgeon could introduce two or three fingers, which being done, a careful search was made to ascertain, by the more certain sense of touch, if any opening leading to the foreign body could be found. The anatomical relations of the parts were entirely altered by changes in their

structure; the lung on that side was softened, and many abnormal attachments were found. A cavity behind the lung, and between it and the ribs, extending forward almost to the point where they were removed, containing two quarts of purulent matter, was finally opened, and its contents discharged. This was contained in a space behind that from whence the dark fluid before mentioned had escaped. There was no resemblance between the fluids contained in the two cavities. One was well-formed pus, the other blood in a state of decay. After the discharge of this amount of purulent matter, the fingers were frequently placed in such close contact with the heart as to feel its pulsations, and the shape of the ventricles. The search for the breech-pin was made without effect, and nearly every medical man present appeared to have abandoned all hope of its being found. Not so, however, the daring young operator; for with a confidence which genius alone inspires in times of great and alarming difficulties, he did not despair, though fortified with nothing in the beaten path of surgery as a guide to further procedure.

The patient having expressed a desire not to survive unless the foreign body could be found and removed, a sound slightly curved was then taken, and the entire cavity of that side of the chest thoroughly explored, but with the greatest degree of delicacy and caution, and at last the iron was found under the apex of the heart, at the left margin of the bodies of the vertebræ. It was with much difficulty that it could be recognized, partly owing to the heart's action being so great as to constantly embarrass the correct exercise of the sense of touch, and partly to the iron being covered by a deposit upon its surface, or by some intervening membrane, so that the metallic touch could not at any time be fully recognized. The only mode in which the existence of the foreign body could be ascertained was by passing the point of the sound cautiously but somewhat briskly over it, by which its shape and size were made evident. In this way it was finally recognized, and the sound made to rest upon it, as a guide to the lithotomy forceps, by which its removal was effected. The sound being curved, would pass behind the heart, but the forceps being straight, pushed its apex a little to the right, in order to follow the sound to the place of the breech-pin.

The patient has entirely recovered, with the exception of a slight pain in the left side, accompanied with occasional coughing. No respiratory murmur could be recognized in the left lung prior to the operation, though its function has been nearly restored since.

The San Francisco Medico-Chirurgical Association have requested of Dr. Cooper a report in full of this extraordinary case, intending it for publication under its direct sanction, when it is to be hoped that full justice will be done it. N. THURSTON, M.D.

San Francisco (Cal.), July, 1857.

WHISKEY: HAS IT REMEDIAL POWER?

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Among the many popular delusions in regard to medical matters, is the prevailing opinion of the value of whiskey, both as a drink and a remedy for disease; and your timely editorial on the subject, some weeks since, may well be followed up somewhat farther. The "unwholesome stimulus of large prospective gains" has waked up the ingenuity of traders in this liquor, and, backed by easily-purchased certificates, which mean much or little according to the reader's own ignorance or knowledge, they daily advertise it as if the medical profession had recently discovered some new and important remedial power in it. This is not the fact, and we are placed in a false position by this cunning manufacture of public opinion.

No more should be inferred in regard to the estimate of this article by physicians, than is warranted from the published observations occasionally seen, within the last ten years, in English and other medical periodicals, with regard to the immunity of drunkards from consumption. More or less facts have been gathered, which, to a certain extent, indicate that temperate members of families inclined to phthisis have died of this disease, while the drunkards, when there were any in the same families, did not become its subjects. The exemption, then, would seem to have been purchased by becoming drunkards. Neither physicians nor the public should rightfully infer that such facts pointed to the discovery of a remedy for phthisis already developed. If it be true that alcoholic drinks prevent the formation of tuberculous disease, it is not necessarily to be expected that it will extinguish the retrograde metamorphosis of human tissue which constitutes the essence of phthisis. Vaccination prevents variola; but when it will be recommended in the treatment of confluent smallpox, remains unknown.

While practitioners were endeavoring to ascertain by experiment whether the use of alcoholic drinks would extinguish tuberculous disease, it was a primary step, of course, to learn from analysis if the poorer kind of spirits which habitual drunkards use, in the majority of cases, might not contain some constituent more important than a simple stimulant. From this attempt came into notoriety the fusel or corn-oil, which was the only other constituent resulting from analysis, and which with the public has now a mysterious importance, although much time and expense had hitherto been consumed by manufacturers in endeavors to get spirit free from its presence. Like many of its predecessors for reputation in therapeutics, it is probably among the poorest hydro-carbons in use; but the importance once attached to it, and the promulgation of its existence in considerable amount in whiskey, have done not a little in producing a spirit-epidemic that takes off more victims than the disease for which it was proposed as a remedy.

Without pursuing the history of this subject farther, some light may be thrown on the value of alcoholic drink by inquiry into the nature of whiskey, now its most popular form. It is in all important particulars one and the same thing always, whether chemically or medically considered, or as it is found under the name of corn, Monongahela—or, the most sophisticated of all, Bourbon, old Bourbon, &c.; in the same manner as all New-England rum is one and the same thing, whether rejoicing in the long-maintained reputation of "Medford rum," or of Barnard's "pure Cochituate spirit." The resemblance between these two articles is quite striking in the cost of their production ordinarily, although the rum is just now the most costly. The whiskey is all made from grain, fermented and passed through a common distilling process, with perhaps the exception of a small amount made from potatoes, &c. The Scotch malt more of their grain as a first process than the Americans do, and thus modify the flavor of the spirit. In this country it rarely reaches the consumer until it has been sophisticated to suit the taste. As it comes from the "still," it is all water, alcohol, corn-oil, and a trace, greater or less, of ceananthic ether, and nothing more. Age improves its constitution somewhat by getting clear of the ether by oxidation in the atmosphere, but this is now done by art without delay. Liqueurice, tea, charred wood of various kind, sugar, and an abundance of water, then convert it into any brand of Bourbon or any other country desired. The actual first cost still remains about the same as that of New England rum, a bushel of corn producing about four gallons of whiskey; and as a medicine there is no evidence that it has any therapeutic value over this form of spirit.

What is the value of stimulants in the treatment of disease, it is not my present purpose to inquire. How long death may be delayed by their use in cases of necessarily fatal disease, and how much alleviation of suffering they may be made to procure, is not the question under consideration. Doubtless they are useful agents in accomplishing both these objects; but the public seem to have an impression that recently physicians have adopted their use as specifics, and this is a delusion.

B. G.

THE LATE H. D. SPENCER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, at South Bainbridge, Chenango Co., N. Y., of hepatization of the lungs, H. D. SPENCER, M.D., aged 34 years.

Dr. Spencer was born in the town of Lisle, now Triangle, Broome Co., and was a son of the late Dr. G. L. Spencer of that town. He studied in the office of his father, and attended his first course of lectures at Castleton, Vt., in the year 1847. The fol-

lowing year he attended a course at the Berkshire Medical Institution, and graduated at the close of the term. Immediately upon his return he began the practice of medicine with his father. He continued with him about four years, when he removed to South Bainbridge, where he died. About one year previous to his death, he was called to part with his wife, whose decease left two small children dependent on him for guidance and support. This event weighed heavily upon him, and he never afterwards resumed his wonted vivacity and cheerfulness. In January last, he was seized with pneumonia, of a very severe character, which terminated, as was shown at the *post-mortem* examination, in hepatization. During the spring months his health so far recovered that he responded to a few calls, and attended to office business, and in fact he was able to prescribe for patients until within a few days of his decease.

Dr. Spencer was very studious and observing, and still remarkable for his modesty and unobtrusiveness. He possessed, in a remarkable degree, all the requisites for great usefulness, not only as a physician, but also as a citizen. He had already secured the confidence of a large circle of friends, and was rapidly acquiring an enviable position among his professional associates. He early became a member of the Broome Co. Medical Association, and was one of the most prompt and punctual members in fulfilling the duties of such relation. In a paper read at the annual meeting of 1851, on the subject of the "*Duties of the Physician*," he displayed uncommon ability as a writer, and won to himself great honor. His morals were always pure, and he was a constant attendant on Divine worship, but did not make a public profession of religion until a few months before his death. Thus has passed away another bright ornament of our profession! F.

Lisle, N. Y., August 28th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 27th.—*Reducible Hernia strangulated by twisting in the Sac.*—Dr. Cabot related the following case.

A week ago he was called to see an elderly man, who had had a reducible inguinal hernia, for which he had worn a truss. About 3 o'clock in the morning, having got out of bed for some purpose, on returning he found the hernia down, but fell asleep without reducing it. On again awaking, he found the tumor quite large, and that he was unable to put it back. There was pain in the abdomen. Dr. Cabot saw him at half past 1, P. M. He was now almost pulseless; there was oppressed breathing; and the tumor, which was about the size of the head of a fetus at full term, was blue and cold; it was also oedematous, and there was absence of gurgling. Above the tumor

was a band quite tense. Dr. C. proceeded to operate at once, and having freed the tumor from all apparent constriction, still found its reduction impossible. He then opened the upper part of the sac, but with no better success. On careful examination he observed what appeared to be a portion of intestine stretched across, and apparently adherent at the lower part of the sac, whereupon he slit the whole sac open from top to bottom, and found that the whole mass, consisting of a large amount of intestine, was twisted entirely round upon itself, the mesentery forming the band, spoken of above and at first supposed to be the intestine, and producing complete strangulation, the portion below being of a deep moroon color, almost black. The patient died before the next morning.

Dr. C. did not remember to have heard of a similar case.

Aug. 9th.—*Clustered Tumors of the Lids.*—Dr. BETHUNE reported the case.

The patient was a single woman, aged 50. Two years ago she had a severe pain in the left side, under the ribs, which lasted five months, and from which she had occasionally suffered since. She had had cough, but it is now much better. She had also passed blood by the bowels. Three years ago she had a tumor one half the size of a hen's egg, at the angle of the left jaw, which lasted one year and then spontaneously disappeared. She also had three small tumors at the edge of the scalp, on the neck, which went off at the end of a few months.

Two and a half years ago, a tumor was observed on the left upper lid; one year after, a similar tumor formed over the centre of the right upper lid; since then, others had formed from time to time, the two last within two months. She had never experienced pain in them, or tenderness on pressure.

May 19th.—On examination, the right upper lid was found much distended by the tumors, there being also almost complete ptosis. Enlarged veins ran over the surface of the tumors. The sight of this eye was weak, but tolerably good on raising the lid. Under the loose skin were five tumors, irregularly rounded on the upper surface and apparently convex on the lower, movable, elastic, firm, in a group, apparently connected with each other, and ranging from the size of a lentil to that of a large marble. On partially everting the lid, the conjunctiva was seen in projecting folds, forced down by the pressure of the tumors.

The left upper lid was similarly occupied by four tumors, but their general size was perhaps one-third smaller than those of the right lid. There was also ptosis, but less in degree. The globe was normal. The lower of the tumors could be exposed on the globe of this eye by raising the upper lid with the finger, being flattened and covered by the tarsal conjunctiva which it had forced before it in its growth.

On the following day an operation was performed on the right upper lid. The tumors were removed through one incision an inch and a quarter long, over the upper edge of the cartilage. The largest was firm and easily removed whole, which was also the case with two of the others. Another was so soft that the forceps penetrated it at once in the attempt to remove it, and a thin pus escaped from its interior. Another was composed of two lobes slightly connected. Owing to the deep penetration of one of the tumors, it was necessary in removing it to go through the lid at one point. Several small, indu-

rated masses, apparently of cellular membrane, were also removed. The general external appearance of the tumors was of a fatty character. The wound was brought together by three ligatures. The microscopical appearances of these tumors, as reported by Dr. SHAW, were as follows:

"They were composed of globular bodies, small, very granular, like free nuclei of glandular growth; some presenting nucleoli; no lobulated structure—the microscopic character being much the same as that of the recurrent disease of the orbit reported several times by Drs. BETHUNE and H. J. BIGELOW (*Soc. Rec.*, vol. iii., p. 84), though to the naked eye the appearance was different."

There was some pain in the eye after the operation, which became easier at night. On the next day, May 20th, there was severe pain, and some thirst, but the patient was able to be up and walk about. On examination of the eye, the upper lid appeared much swollen, pink, œdematous. One of the ligatures was removed, and a slight discharge of sanious fluid took place with some relief. Pulse 104; tongue clean. Two grains of calomel with eight of rhubarb were ordered, to be followed by cream of tartar; also a wash of warm slippery-elm tea to the eye. On the 22d, the lid was still much swollen, and there was rather more pain in the eye.

On the 25th, all the stitches had come out. The patient could see through the "button-hole" in the lid. There was anorexia. The granulations were pale. Quinine in doses of two grains, and meat, were ordered; also zinc ointment to the edges of the lids.

On the 26th, milk allowed. The lids were less swollen; nitrate of silver was applied to the edges of the wound.

June 3d.—Wound had nearly healed. Above the inner side of the incision was felt a small, flat, firm, movable tumor.

On the 26th, patient was re-admitted. The tumor above described as having formed since the first operation, was removed from the inside of the right upper lid, after eversion. Also, a tumor was removed from the inside of the left upper lid, of the size of half a chestnut, enclosed in the conjunctiva which it had forced before it. The microscope revealed the same appearances as before. On cutting through the tumor removed from the left upper lid, it presented a firm external casing of the eighth of an inch thick, somewhat resembling cartilage. Within this were two or three lobules, loosely connected, of a similar appearance. There was considerable soreness and swelling after the operation, which had nearly subsided by July 1st.

On the 9th, a small tumor was discovered in the left lower lid. On the 14th, an operation was performed on the left upper lid, three distinct tumors being removed, also six or seven indurated masses which presented the same appearance as the above. On the 27th, the wound was healing well, and the patient was discharged much improved on the 8th of August.

AUG. 24th.—*Hæmorrhage from a Pelvic Abscess opening into the Uterus. Death three weeks post partum.*—The specimen was sent by Dr. D. W. CHEEVER to Dr. BOWDITCH, who read an account of the case.

E. O'B. was taken in labor with her second child, in the evening of July 26th. Dr. C. was with her from 2 to 5 A. M., of the 27th, when a male child was born. Before the head had descended, she bled considerably from the vagina. The blood was florid, but not in

any alarming amount. The labor was natural and not peculiarly difficult. The placenta came away in about ten minutes. There was no hæmorrhage. The uterus seemed rather large, but quite firm. Left her at 6.

At 10½ on the next forenoon, it was found that she had bled considerably. The pulse was very small; extremities cool; and the respiration rather gasping in character. The hand was passed into the uterus, which still was large as felt through the abdomen, but also firm. No clots of consequence were found; and the organ was well contracted. Under the influence of stimulants, ergot, &c., she improved, and during the next few days went on well, excepting tenderness and pain in the right iliac region and over the uterus. This was relieved by fomentations and soothing enemata. She convalesced well, to all appearance, until Aug. 7th, when she had two attacks of profuse hæmorrhage, which was restrained by the usual means; also a slight return Aug. 8th. At this time a tumor was detected in the right iliac region, there being also some tenderness there. With bandaging, tonic doses of ergot, laudanum, astringents, cold, &c., she had no more hæmorrhage until Aug. 11th, when perhaps twelve ounces of blood escaped, after a sudden movement, and it was noticed that blood escaped from the vagina on tightening the bandage; still the uterus felt firm, and a vaginal examination showed the os uteri only large enough to admit one finger.

The patient was considerably reduced, and the secretion of milk almost suspended. She was put upon wine whey, broths, quinine, &c., and improved steadily for a week. The color and spirits returned—the milk improved; pain, &c., diminished; and the uterus grew smaller. The tumor was still discernible.

Aug. 18th.—Early in the morning, Dr. C. was called, and found she had bled considerably. Lips pale; surface cool; respiration gasping. There was jactitation, and the patient was delirious. She died in twenty minutes—just three weeks *post partum*.

Sectio Cadaveris, eight hours after death.—Rigor mortis; body anæmic, but well filled out; thick layer of fat over the abdomen. A tumor was felt in the right iliac region, and on pressure over the uterus blood gushed from the vagina. On opening the abdomen, the uterus appeared large, and on the right side was a cyst, under the same membrane as the uterus, and looking like an outgrowth from it; the mesentery was slightly adherent to the left Fallopian tube. A portion of the ileum and cæcum was adherent to the cyst. Ecchymoses in peritoneum there. There were no signs of recent inflammation in the peritoneal cavity. The intestines were normal, but very bloodless. The ovaries were normal and free. The right Fallopian tube was much injected. The bladder and vagina were normal. The cavity of the uterus empty. The placental attachment seemed to have been at the fundus. Half an inch inside the os uteri, on the right side, was a rounded opening, admitting one finger, which communicated with a cavity from three and a half to four inches deep; also with other sinuses or cavities in various directions between the psoas and iliacus muscles, yet apparently circumscribed between the folds of the broad ligament. This cavity contained much pus, mixed with fresh blood, making a thick pinkish fluid, and some clots. There were very extensive and strong attachments of the cyst to the neighboring parts on

the right side. The cellular tissue in the vicinity was so infiltrated with dense lymph that it could not be dissected off.

The patient was a stout, plethoric and very stupid Irishwoman. Said she had flooding after her first child, and remained with a big belly and tenderness. The child is healthy.

Now when and why was this abscess formed? If after the first child, how did she preserve her flesh and strength? If after the second, why were there no more signs of suppurative inflammation? The appearance of the abdomen did not look like recent troubles; yet the blood which escaped during labor may have come from the cavity of the cyst; and the hæmorrhages which killed her undoubtedly did.

Dr. GAY remarked that this seemed to have been an instance of *abscess in the right broad ligament*. He had seen several such cases in Paris, and particularly in the wards of M. Trousseau. He referred to three or four cases seen by him here. He also mentioned a case of abscess in the broad uterine ligament, in which, after death, a bony cyst was found, containing pus. This was one of M. Pigné's cases, the Curator of the Musée Dupuytren at Paris.

To a question of the frequency of these abscesses, here, Dr. STORER replied that he had never met with an instance.

Dr. ELLIS alluded to a case of tumor in the right iliac region, observed by him some years since, and referred to this affection.

Dr. C. E. WARE saw a tumor in the iliac region, supervening after confinement in one of his patients; it opened externally. In another patient there was a copious discharge of pus from the vagina, but this was not *post partum*.

Dr. C. D. HOMANS mentioned a case, occurring directly after delivery, the seat of the abscess being in the iliac region. This opened externally.

Dr. J. P. REYNOLDS alluded to two cases, given in the *Archives Générales de Médecine*, during this year, with drawings. In one, the patient had been supposed to have pelvic abscess, but the tumor proved to be a hard mass, behind the uterus, and which also projected into the vagina. The case was related as affording a warning against inconsiderate puncture of tumors in this situation.

Dr. BOWDITCH thought that instances, like that narrated by Dr. Cheever, must be very rare. There were no indications during life; *bleeding* being the first thing to give the alarm.

AUGUST 24th.—A *Traumatic Encysted Hæmatocele of the Spermatic Cord*. The case was reported by Dr. G. H. GAY.

The patient was Mr. G. H. F., who had lately presented himself as a candidate for admission at West Point, and was temporarily rejected by the examining surgeon, on account of a supposed hydrocele of the cord. He consulted Dr. G. in July. At the examination, a swelling as large as a hen's egg was found in the right half of the scrotum, midway between the testicle and the external abdominal ring, though nearer the last. To the touch it was light, firm, tense, and elastic, evidently not a solid substance. No transparency could be detected, nor was there any trace of communication with the abdomen. The skin and subjacent layers were movable, and apparently in no way adherent to the swelling. From its situation and general appearance, it was thought to be a hydrocele. The cord could be followed till it was lost in the swelling. The most important point in the history of

the case was not mentioned by the patient until the morning after the operation, when he stated that while playing ball in February, he accidentally received a blow from the bat upon the right side of the scrotum. Immediately a swelling commenced, and in a few days had increased to the size of one's fist. It then gradually diminished and remained stationary, being about as large at the time of the operation as it was a month after the injury. For the first week there was considerable pain, but since that time there had been no suffering, and the only inconvenience that had been experienced was that he could not keep his right leg crossed for any length of time over the left one.

On the 17th day of July, a small trocar was forced into the swelling, and nothing came but a drop or two of blood. The canula could be felt moving in something evidently soft. A more thorough operation was then decided upon, and an incision, three inches in length, was made through the skin, from the top to the bottom of the swelling. After carefully dividing the different layers, it was seen that the vas deferens and the other elements of the cord were spread out over the swelling. On further examination, the swelling felt firm and elastic, but nothing like liquid fluctuation could be detected. The vas deferens and the veins were then separated by an assistant, and the incision was carried fully down to the cyst. Being thus fairly exposed, it was found to slip out from every part as easily as a fatty tumor. At the time, this easy and entire enucleation of so large a mass in that region, seemed singular. There was no pedicle of communication with the abdomen, nor any connection with the tunica vaginalis. It was an independent cyst, enveloped by the veins, vas deferens, &c., of the cord.

After the removal of the swelling, a section was made of it, and it proved to be a cyst, with pretty thick, firm, yellowish white walls, the interior of which was filled with coagula and fibrinous layers, similar to the interior of an aneurism. The coloring matter had disappeared from some of the layers, and they were of a leather color.

The spermatic veins were in a healthy condition.

The chief points of interest in the case are, that so *firm, regular and complete a cyst should have formed between February and July; that it had no connection with the tunica vaginalis; and that it came out as easily as a fatty tumor.*

What would have been the character of the cyst, if left to itself? Would it have become fibrous?

Bibliographical Notices.

Transactions of the South Carolina Medical Association. Charleston, 1857. 8vo. Pp. 64.

This pamphlet contains a record of the proceedings of the Association at an extra meeting, June 9th, 1856, and at the annual meeting, Feb. 4th, 1857. Its contents are interesting chiefly as showing that there is a desire for medical improvement and public hygiene among the members of the profession in the State of South Carolina. The President, Dr. E. Horlbeck, in his address at the annual meeting, congratulates the Association on the passage of an excellent registration bill of births, marriages and deaths, by the legislature. By this law

it is made obligatory upon the tax-gatherers to collect the information. Dr. Horibek thinks the passage of this bill is a striking proof of the influence of the Association on public opinion, in which remark we heartily coincide, and call attention to the fact as an encouragement to the establishment of similar associations in other States where they do not already exist. The President recommends the establishment by the State of a Vaccine Institution, as a matter of the greatest consequence to the public health.

In the course of the proceedings we find an interesting account, by Dr. Andrew Hasell, of a case of extra-uterine pregnancy, the specimen having been presented by him to the Association. A movable tumor existed during life in the right iliac region. The woman died with the symptoms of ruptured uterus. After death, the abdomen was found distended with coagula. The fœtus had occupied the fimbriated extremity of the right Fallopian tube.

The appendix contains sundry papers presented by members. The first of these is entitled "Observations on the Medical Properties of the *Gelsemium Sempervirens* (yellow Jessamine)." The writer believes the plant to be a powerful and valuable sedative. After quoting the opinions of several correspondents, he says:

"These writers all concur in ascribing to the gelsemium, sedative and narcotic properties, exerting its action chiefly upon the nervous system, and, indirectly, upon the circulation and the muscular forces. My own observation of its effects, confirms the truth of their remarks. I have never, in a single instance, been disappointed in obtaining its direct sedative action, the patient being speedily quieted, although he may have been excessively agitated previous to its administration. Under its influence, restlessness is soon succeeded by calm repose, and the excited, frequent pulse tempers down to tranquillity. These favorable impressions must be secured, however, by a frequent repetition of the dose, as its effects are not very durable, wearing off in two or three hours. It will be found necessary to administer the medicine in doses of from twenty to fifty drops [of the tincture, we presume], according to the severity of symptoms, every two or three hours, until, under the influence of more radical remedies, the disease has been permanently controlled."

A report of the committee on Disease-Tables, presented by Dr. De Saussure, in accordance with a vote passed the preceding year, offers a plan for securing statistics of diseases throughout the State, and contains tables, for the use of members, for the registration of cases. The nomenclature adopted in these tables is that recommended by the American Medical Association. Appendix E is an interesting account of the properties of Aluminium, by Prof. Charles Upham Shephard. An excellent paper, by Dr. Ware, on the treatment of typhoid fever, condemning the excessive use of mercury in the treatment of that disease, terminates the appendix.

A Case of Excision of the Entire Os Calcis. By J. M. CARNOCHAN, M.D. New York, 1857. Pp. 8.

This is a brief report of the case, illustrated by well-executed lithographs of the os calcis removed, showing its outer side, and of the appearance of the foot after recovery from the operation. The patient commenced walking at the end of three months.

Dr. Carnochan's operation is interesting from the success which followed, though by the reported cases it would appear that this is usually satisfactory. Mr. Wakley's case of removal of both os calcis

and astragalus, is classic in all English surgeries. The operation is a simple one, and we well remember the *chique* with which some Americans used to whip out the calcaneus at Clamart.

It is a question, however, if the removal of the tarsal bones piecemeal is not the preferable method. Though it spoil a "specimen" or a lithograph, it enables the operator to stop at the limit of the disease, wherever that may be, and to leave something from which a growth of new bone may start to take the place of that which is lost. In the os calcis a partial attachment of the tendo-Achillis may perhaps be preserved; and in this bone, by attacking it on its outer side, nearly the whole can be cut away without disturbing a tendon, vessel, or articulating surface. Within a few days Dr. Bigelow removed, for caries, almost the whole of the os calcis, with Nelaton's gouge forceps, leaving hardly if any more than is represented healthy in Dr. Carnochan's case, and yet preserving a sufficient attachment for the tendo-Achillis.

The great obstacle to success exists in the unfavorable state of the constitution of the patients to whose cases such an operation is adapted. With a limited amount of disease, the propriety of excising any of the bones of the foot, or of resecting any of the accessible joints, is now well established. Every English Journal that reaches us is full of cases of resection of the knee and hip joints; and in our own hospital, Dr. Cabot's case of resection of the knee joint is approaching a most successful termination. It cannot be long before they will be still oftener performed as a substitute for the severer mutilation of many amputations.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 17, 1857.

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### NATURE AND ART IN THE CURE OF DISEASE.

As has lately been well remarked in a distinguished foreign medical review, "The regiminal treatment of disease is by no means an invention of modern date, but its merits, as opposed to a more decidedly medicinal treatment, divided the ancients, as it has formed a subject of discussion in more recent times."\* It is difficult, however, to induce the public to believe that there is no *new revelation* upon this subject, but only a clearer insight into, and a fuller appreciation of long and well-known truths.

Probably there never was a time when hygienic medicine, so to speak, enjoyed more of the confidence, or more largely entered into the practice of physicians, than it does at the present day. The period seems to have gone by—we may hope, forever—when such plentiful and potent draughts of physic were ordered as, after revolutionizing the patient's internal economy, drove him, in not unjustifiable rage, to throw the phial, still three quarters filled, out of the window, and fervently wish he could cause the doctor literally to follow his own prescription! Either the world needed more physic half a cen-

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\* The British and Foreign Medico-Chirurgical Review, July, 1837, p. 1.

tury ago, or the followers of the healing art know vastly more about it. We think it may even safely be said that both these propositions are true. That the species *homo* changes in constitution and manifestations—both physically and mentally—is manifest to every acute observer. Something has rendered *phlebotomy* an incomparably more rare thing than it was, even within our own remembrance. Distinguished men are even now divided in their views upon this matter; and Watson, Alison and Bennett announce their varying opinions with a force and positiveness which almost puzzle the professional reader, and may well lead to the use, by lay persons, of the often-quoted proverb, "Who shall decide, when *doctors* disagree?"

It would be a strange thing, however, if doctors (i. e. the truly *docti*) should agree upon all points. Not to mention the very different circumstances in which members of our profession are placed; the dissimilar education, experience and modes of thought—the unlike climates, and many other influences, it is a rule of human nature that things impress men differently, whatever be their calling. It is rare that two persons think *exactly* alike, ask identical questions, or give precisely the same answers upon any topic.

Whilst these propositions are mainly true, the great tendency of an agglomeration of medical minds (as amongst the profession in a large city, or even in city and country, at certain epochs) will often be found *in the same direction*. Thus, two or more well-informed physicians in our own city, would doubtless describe typhoid fever in nearly the same terms: nor would they, probably, differ essentially as to its management. The same men, however, might dissent from each other, or all from one, as to the treatment of pneumonia. The probable question would be, can the latter be arrested? If so, how, most efficiently, and at the same time with the least injury to the patient?

It is thus easy to see, as has long been demonstrated, by more cogent and brilliant pens than ours, that important and very responsible questions will arise, which require immediate decision. If it could be written out to us, from infallible authority, that unless we bleed a patient with acute pneumonitis, that patient will die, hesitation would be murder. Yet, if we have a large amount of proof that just such cases have recovered under other measures, we are inclined to look upon this evidence in the light of a palpable information, affording us the best ground of action, in default of an infallible *dictum*.

It is much in this way that the studious and watchful physician acquires his knowledge, and does not hesitate to act, or to refrain from acting, according to the force of the arguments which Nature brings forward, and Art weighs and applies.

It is surely wise to follow so worthy a teacher as Nature, yet is there to be no limit to our rambling in her often somewhat crooked paths? If we can attain a curative action by a straight road, laid out by Art, must we, to please the Naturalists (*in medicinâ*) "go the longest way round," when we *know* it is *not* "the nearest way home?" By no means; and yet there are those who, from witnessing many wrecks made *in spite of* the pilot, will not assist the pilot, when one arm is somewhat tired or even disabled, his guiding abilities (non-physical) being precisely as good and available as ever. This is a species of dog-in-the-manger management. If Nature can effect a cure, *alone*, and well—let her; if, in her well-meant endeavors, from deficient

power, or from over-action, she is about to spoil a good piece of work, should not Art intervene? It is supposable that this common-sense view of the subject is plain enough to strike any one who will look at it calmly. But members of the community, from ignorance of their real wants in these respects, either attempt to exact large doses from their medical attendants, or else, losing confidence in them and their measures, resort to self-medication, rush into homœopathic nothingness, or are drowned in pure hydropathy.

Septicism, it seems to us, has somewhat too extensively and causelessly invaded the profession. Because *drugging* has injured people, shall the sick not be properly medicated? No honest physician will give his patients a particle of medicine, if they do not need it—no physician is honest, who withholds it when they do. If the public could ever be made to understand the *true* relation of the *true* physician to it, all would be well. Instead of looking upon us as speculators, trading in their flesh and blood, comfort and life, to maintain our own, let the people about us believe us to be their friends—in the vast majority of cases, as we firmly believe, most conscientious, pains-taking friends—not tied to exclusive dogmas, and promising cures by this or that system, but with every day's observation accumulating the information which enables us to administer the right remedy, at the right time, to withhold the useless or pernicious medicament, to watch, encourage, direct and restrain the efforts of Nature. Is not this the true sphere of Medical Art?

In the able Review, with an extract from which we began this article, the recent work of Sir John Forbes is taken as the text for remark. Both the work and the review merit the careful consideration of all medical men. The importance of the subject is exceedingly great, and it is much to be desired that the true spirit and belief could permanently pervade the profession, and through them, influence the community. It would be presumption in us to pronounce positively upon such serious and complicated questions; but we may venture to hint that a too exclusive adherence to Nature in the management of disease, will as surely induce evil results, as will much of the over-use of artificial curative measures. Moreover, what some persons so stiffly term Art, is, after all, only modified Nature. Shall we ostracise Art because harm *has been* done by it? Let us rather learn, daily, how to use it better. Steam-boilers are intended to work machinery; if well managed, they are blessings, if not, they blow up, possibly, and not only are themselves destroyed, but involve all around them. Let us not give up the boiler and return to the paddle, however. Is there no safety-valve? Keep that in order.

#### DR. UHL AND MRS. CUNNINGHAM.

THE course taken by Dr. UHL, in the remarkable attempt made by Mrs. Cunningham to suborn a child with the view of obtaining possession of the property of Dr. Burdell, has been the subject of comment by several medical journals. The *American Medical Monthly*, in its September number, justifies Dr. Uhl's conduct on the ground that in pretending to countenance a crime, and, in fact, actually aiding in its commission, he was rendering a service to the community by bringing the perpetrator to justice. The *Monthly* compares Dr. Uhl's proceedings to those of a servant who affords assistance to a burglar by



giving him the key of a lock which he is unable to pick, having in the meantime given information to the police, who are thereby enabled to arrest the offender the moment he enters the house. So far as we have noticed, the *Monthly* is the only medical journal which unqualifiedly approves of Dr. Uhl's conduct.

We do not think that the circumstances required Dr. Uhl to play the part of a special detective officer in this drama. By giving information of Mrs. Cunningham's intention to the prosecuting officer, proper steps could have been taken to detect the crime if committed, or, what would have been better in this case, to have prevented its being attempted. The testimony of a respectable medical man that his aid had been sought in the perpetration of such an infamous crime, would have been a fatal bar to the success of Mrs. Cunningham's plot, if attempted; but it seems hardly possible that she should have attempted it, knowing that her intentions had been revealed to the police. It seems to us, therefore, that while Dr. Uhl was bound to make known immediately to the proper authorities the criminal intentions of Mrs. Cunningham, there was no occasion for him to take an active part in the proceedings which led to her detection, especially since the character of those proceedings was such as to give rise to prejudices against him personally, and against the profession of which he was a member. In making these remarks we wish to state that we believe Dr. Uhl to have been actuated by no other than the purest motives, and though we think he erred in judgment, we have no doubt that he was satisfied that under the circumstances his pretended connivance and assistance in the crime was demanded by the necessities of the case.

*National Award to the Discoverers of Etherization in Surgery.*—We have inserted a communication on this subject from an esteemed correspondent, because it places the agency and claims of the discoverers of the anæsthetic properties of Pure Sulphuric Ether on a new footing. He regards the discovery as belonging to the nation, and looks to the General Government for such recognition and reward of it, as will be alike honorable to the Government and to its recipients. Two gentlemen have long laid claim to it. Our correspondent says nothing of priority, or of comparative claims to the discovery. To him the simple fact of any direct agency in the matter establishes an equal claim to a national reward. It seems to us that this is the only way in which a practical result can be reached, and we sincerely hope his plan will be adopted. It may be well to state that our pages cannot be opened to the discussion of rival claims for the award.

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MARRIED.—In Portland, Me., 8th instant, Dr. Henry G. Davis, of New York, to Miss Ellen W. Deering, of Portland.

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DIED.—In South Boston, Dr. Thomas Lynch, 23.

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*Deaths in Boston for the week ending Saturday noon, September 12th, 185.* Males, 55.—Females, 50.—Inflammation of the bowels, 1.—inflammation of the brain, 1.—convulsion of the brain, 2.—burns, 1.—cancer in neck, 1.—consumption, 18.—convulsions, 3.—cholera infantum, 21.—croup, 1.—dysentery, 7.—diarrhoea, 2.—dropsy, 1.—dropsy in the head, 7.—debility, 1.—infantile diseases, 5.—puerperal disease, 1.—typhoid fever, 7.—scarlet fever, 3.—disease of the heart, 2.—perforation of the intestine, 1.—inflammation of the lungs, 2.—disease of the liver, 2.—marasmus, 3.—old age, 2.—palsy, 1.—disease of the spine, 1.—teething, 5.—thrush, 1.—tumor in abdomen, 1.—unknown, 1.—whooping cough, 1.

Under 5 years, 50.—between 5 and 20 years, 14.—between 20 and 40 years, 23.—between 40 and 60 years, 9.—above 60 years, 9. Born in the United States, 75.—Ireland, 22.—other places, 8.

**The Excito-Secretory Action.**—The recognition, to a certain extent, by Dr. Marshall Hall, of Dr. Campbell's claim as discoverer of the excito-secretory system of nerves, has been stated in the Journal. Prof. J. Adams Allen, of Michigan, lays claim to a priority of both these gentlemen in the discovery, and in the making known of it to his classes in the Indiana Medical College, in 1848, and afterwards in the University of Michigan. He did not make use of the term excito-secretory, and now remonstrates against the use of it as arbitrary and too limited.

**Belmont (Ohio) Medical Society.**—The annual proceedings of this Society have been published for many years, and have occasionally been noticed in previous volumes of this Journal. The July session, the present year, was held at Bellaire, as we learn from the Cincinnati Medical Observer. Dr. Affleck, whose peculiar views in regard to religious belief have been rather extensively circulated by means of a little paper issued by him a few years since, delivered an address on insanity, in which the doctrine of materialism was so openly advocated that several members spoke in opposition to it. Dr. A. replied, and the discussion was wisely cut short on the ground that it was becoming too metaphysical. Other papers were also read. The October meeting will be held in Martinsville.

**Masking the Taste of Cod-liver Oil.**—M. Laperdriel recommends the addition of ten per cent. of common salt as the best means of masking the taste, not only of cod-liver oil, but various other kinds of fish oil. The salt may not only conceal the taste of, but add to the digestibility of the oil. Essence of aniseed further masks the oil, but for most persons the salt suffices.—*Rev. Med.*

**Medical Pedestrianism.**—A medical man of forty years practice in Philadelphia, informed us, the other day, that he had walked in the above time one hundred and fifty thousand miles (150,000). How many of the present generation of effeminate doctors will ever accomplish this feat? This gentleman, at the ripe age of 69 years, is now as active as a boy of sixteen, and bears the appearance of youth and health in all his movements. He commenced walking at his practice on account of inveterate dyspepsia, and has been able to keep the enemy off only by continuing the process, and by close attention to diet.—*Philadelphia Med. and Surg. Journal.*

**Trouble among the Wayne Co. Doctors.**—The Wayne County (N. Y.) Medical Society held a meeting the other day and appointed a committee of three to investigate the following charges against one of its members, viz., "For violating a rule of the Society and of medical ethics, by advertising publicly and by hand-bills, inviting the attention of individuals affected with particular diseases of the lungs, &c., professing superior skill and knowledge, these being the ordinary practices of empirics, &c." The charges were sustained and the member expelled! —*Buffalo Med. Journal.*

**On a Mode of Preventing the Fears and Apprehensions connected with a Surgical Operation.**—M. Diday has lately directed attention, in the *Gazette Medicale de Lyons*, to a very kind mode of lessening the apprehensions of persons who have consented to submit to capital operations, and which mode has been put in practice at the Military Hospital of Bordeaux. When it has been settled that a limb is to come off, the precise day is left undecided, and the patient is allowed, if the case admits of it, to forget the painful circumstance. Some morning the house-surgeon, in going round, says to the poor man, "By-the-bye, as you are to be operated upon, you may as well get accustomed to the smell of chloroform, and learn to inhale it." Thereupon he applies the mouthpiece, lets the man quietly inhale the semi-lethal vapor, and allows complete anesthesia to take place. The patient is then carried to the operating theatre, where every thing has been prepared beforehand, and every one is ready for his task. The operation is performed, and the poor sufferer awakes delighted that it is all over, and that he has been saved the pangs of trepidating expectation.—*London Lancet.*

The cholera has made its appearance recently in Guatemala, but has not proved very fatal, only 30 having died in one month, out of a population of 40,000. In Salvador it is represented as prevailing more extensively.